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CONSERVED-TISSUE THERAPY ACCORDING TO FILATOV FOR TREATING NONHEALING WOUNDS AND ULCERS

S. D. Goligorskiy
Clinic, Faculty of Surgery
Kishinev Med Inst

Filatov's method of therapy with conserved tissue has found wide use. A number of reports by scientists (Kal'f, Kashuk, Gershkovich, Skorodinskaya, Dun'e, and others) have also shown the effectiveness of this method in diseases other than those of the eyes.

The stimulating action of conserved tissues led to the idea of the expediency of using this treatment for wounds and ulcers which would not heal for a long time. Among our cases, the duration of illness of some patients was more than 6 months, and in one case reached 16 months. For that reason, we are publishing the results obtained by using conserved tissue according to Filatov's method.

Conserved-tissue therapy was used and checked by us on 30 cases with wounds and ulcers which failed to heal for a long time. Until use of conserved-tissue therapy, all these wounded had been subjected unsuccessfully to other forms of treatment, such as paraffin therapy, irradiation with ultraviolet rays, adhesive plaster bandages according to Baynton, excision of the wound or ulcer within confines of the healthy tissue with a suture completely closing the wound (in the cases of five wounded), etc.

The duration of illness in these cases was as follows: 1-2 months, 7 cases; 2-3 months, 6 cases; 3-4 months, 8 cases; 4-6 months, 4 cases; 6-16 months, 5 cases.

In the majority of the cases the nonhealing ulcers and wounds were on the lower extremeties: on the buttocks, 2 cases; on the hip, 12; on the knee, 8; on the foot, 1; on the shoulder, back, and abdominal wall, 3 cases.

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In all cases, we used skin as tissue material. The method is extremely simple. An elliptical flap, 4-7 cm long and 1.5-2 cm wide, is cut from the abdominal wall. The skin flap is taken without the subcutaneous-cell tissue. For conservation, it is submerged in a sterile, hermetically closed jar and put on ice. The flaps are conserved in this manner for 8-10 days. Upon expiration of that period, an incision is made near the nonhealing wound or ulcer. The length of the incision corresponds to the length of the conserved skin flap. The edges of the incision are separated and the skin flap is placed into the resulting bed. It is closed with two sutures, fixing the flap in position.

In 88% of the cases, we obtained initial tension, while in 12 percent, the flap implanted subcutaneously became necrotic and came off in the form of a scab. Temperature reaction of the patients seemed to be absent.

A change in the clinical course of the illness was observed during the first days after the implantation of the skin flap. The bottom of the ulcers became covered with juicy, red granulations, the edges became depressed, and epithelization began to take place at first from the periphery, and then by bridging. In the majority of cases, the healing process until complete recovery was quick. In three cases (10%), a repeated implantation of conserved tissue had to be performed. In five cases (20%), the treatment remained without effect.

In 25 cases of full recovery from nonhealing ulcers and wounds, the following periods elapsed between the moment of implantation of conserved skin flap and complete recovery: in 3 cases, 7-10 days; in 10 cases, 10-20 days; in 6 cases, 20-30 days; in 4 cases, 30-40 days.

The scars were always smooth and did not interfere with movement. It is interesting to note that in cases in which a repeated application of the method was carried out to stimulate the healing process when it stopped, this process set in again with particular intensity after the repeated application. We give a few brief case histories for illustration.

Pvt P. (case No 1824), nonhealing ulcer on left hip.

On 21 January 1943, Pvt P suffered a splinter wound in the soft tissue of the left hip. In the first stage of the evacuation, an excision of the wound was performed. From the time that he was wounded, the patient was treated without effect in several hospitals for ulcers which had formed at the site of the wound, and two surgical excisions were carried out for that reason. On 27 November, 10 months after the time he was wounded, a large scar was found on the outer surface of the middle third of the left hip. Its dimensions were 14 x 7 cm, and it had an ulcer 5 x 3 cm in dimension, with callous edges of 0.5-cm depth in the center and an uneven bottom covered with sluggish granulations.

On 30 November, a skin flap 4 x 1.5 cm in size was cut from the forward abdominal wall and immersed for conservation. On 7 December, the skin flap, which had been conserved for 7 days, was implanted on the forward surface of the left hip. On 10 December, the edge of the ulcer became flatter, the ground was covered with red granulations, and the size was reduced to 4.5 x 2 cm. On 13 December, the ulcer continued to decrease; its dimensions were 4 x 1.3 cm and the granulations were active. On 15 December, the wound epithelized intensively from the edges and its dimensions were reduced to 3 x 1 cm. On 19 December, the condition of the ulcer continued to improve. Epithelization proceeded from the edges; the dimensions were 2 x 1 cm. On 24 December, the ulcer was completely healed.

In this manner, an ulcer which had failed to respond to surgical and standard treatment for 10 months, was healed within 17 days by the effect of implanted conserved skin.

Sgt P. (case No 2787), ulcer in the region of the Achilles tendon.

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On 26 October 1943, Sgt P suffered open bullet wound of the soft tissue of the left knee and a grazing bullet wound in the region of the right Achilles tendon. In the first stage of evacuation, surgical treatment of the wounds was performed and a plaster cast applied.

On 29 November, the patient entered our hospital with strengthened scars in the region of the left knee and with an ulcer in the region of the right Achilles tendon. The ulcer measured 7 x 4 cm, with broken edges and gray granulations. The pain made movement of the right ankle impossible.

On 3 December, a skin flap was taken from the forward abdominal wall and conserved. Its dimensions were 4 x 1.5 cm.

On 14 December, the skin flap which had been conserved for 11 days was implanted in the subcutaneous tissue of the inner surface of the middle third of the right leg.

On 16 December, the ulcer revived; the granulations became red, the edges became smooth and began to epithelize.

On 18 December, the size of the ulcer had decreased considerably; it was 5.5 x 2.5 cm. Movement of the right ankle had become less painful.

On 21 December, the condition of the ulcer continued to improve. Epithelization proceeded from the edges and in proturberances.

On 25 December, the dimensions of the ulcer had decreased; the granulation was juicy and red. On 29 December, the ulcer had decreased in dimension to 3.5 x 1.7 cm. On 2 January 1944, the granulation was fresh and red, epithelization was proceeding from the edges, and the dimension of the ulcer was 2 x 1 cm. Movement of the ankle was free and painless.

On 9 January, the ulcer was completely healed.

Pvt D. (case No 2294), ulcers on the stump of the right foot after third-degree frostbite.

On 25 December 1941, the patient suffered third-degree frostbite of both feet, and both legs were amputated at the level of the metatarsus.

On 20 November 1942 (11 months after suffering the frostbite), the patient entered our hospital with ulcers of both stumps, each of 8 x 3 cm dimension.

In the hospital, reamputation of the right stump was performed. An X-ray of the left stump, taken 15 April 1943, showed no osteomyelitic process. On 5 May (16 months after the frostbite), the ulcer of the left foot stump had the dimension of 6 x 1.5 cm. On 5 May, a skin flap with dimensions 7 x 3 cm was taken from the forward abdominal wall and conserved. On 14 May, the skin flap, which had been conserved for 9 days, was implanted on the inner surface of the middle third of the left leg.

On 18 May (4 days after the implantation of the skin flap), considerable change occurred in the condition of the 16-month-old ulcer; the granulations became juicy, epithelization from the edges began to proceed intensively, and the dimensions of the ulcer were down to 4.2 x 1 cm. On 21 May, the ulcer had a size of 3 x 0.8 cm. The granulations were red, the edges smooth. On 25 May, the dimensions of the ulcer were 2 x 0.8 cm, epithelization continued to proceed from the edges, and the granulations were juicy. On 28 May, the size of the ulcer was 1 x 0.8 cm. On 2 June, it had healed completely.

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Conserved-tissue therapy according to Academician Filatov's method is most effective in treating nonhealing wounds and ulcers. The time of treatment is much shorter compared to other methods of treatment. In addition, Filatov's method was used on cases which did not respond to other methods of treatment for a long time. Conserved-tissue therapy should be widely used in cases of nonhealing wounds and ulcers.

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